

# GROUP INFORMATION CHANGE FORM

*Our membership ought to include all who suffer from alcoholism. Hence we may refuse none who wish to recover. Nor ought A.A. membership ever depend upon money or conformity. Any two or three alcoholics gathered together for sobriety may call themselves an A.A. group, provided that, as a group, they have no other purpose. **Tradition Three**, long form.*

*Each Alcoholics Anonymous group ought to be a spiritual entity having but one primary purpose – that of carrying its message to the alcoholic who still suffers. **Tradition Five**, long form.*

*Unless there is approximate conformity to A.A.'s Twelve Traditions, the group...can deteriorate and die. **Twelve Steps and Twelve Traditions**.*

<b>Delegate Area:</b> 20	<b>District Number:</b>	<b>Group ID (9 digits):</b>						
<b># of Home Group Members:</b>	<b>Submission Date:</b>	<b>Submitted by:</b>						
<b>OLD INFORMATION</b>		<b>NEW INFORMATION</b>						
<b>GROUP NAME:</b> _____		<b>GROUP NAME:</b> _____						
<b>MEETING LOCATION:</b> _____ _____		<b>MEETING LOCATION:</b> _____ _____						
Street Address: _____		Street Address: _____						
Town/City: _____		Town/City: _____						
State: _____ Zip Code: _____		State: _____ Zip Code: _____						
Times: _____ Days: _____		Times: _____ Days: _____						
<b>Online:</b> _____ <b>In Person:</b> _____ Handicap Accessible: _____		<b>Online:</b> _____ <b>In Person:</b> _____ Handicap Accessible: _____						
<b>PRIMARY CONTACT is:</b> _____ General Service Representative _____ Alternate General Service Rep. _____ Mail Contact Only		<b>GENERAL SERVICE REPRESENTATIVE is:</b> <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td colspan="2" style="text-align: center;"><b>SEND MY GSR KIT TO ME:</b></td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>By mail</td> </tr> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Electronically</td> </tr> </table>	<b>SEND MY GSR KIT TO ME:</b>		<input type="checkbox"/>	By mail	<input type="checkbox"/>	Electronically
<b>SEND MY GSR KIT TO ME:</b>								
<input type="checkbox"/>	By mail							
<input type="checkbox"/>	Electronically							
Name: _____		Name: _____						
Street or P.O. Box: _____		Street or P.O. Box: _____						
Town/City: _____		Town/City: _____						
State: _____ Zip Code: _____		State: _____ Zip Code: _____						
Telephone: _____		Telephone: _____						
E-mail: _____		E-mail: _____ If you have previously held a service position and _____ your information has changed since then, check here						
<b>SECONDARY CONTACT is:</b> _____ Alternate General Service Rep. _____ Mail Contact Only		<b>SECONDARY CONTACT is:</b> _____ Alternate General Service Rep. _____ Mail Contact Only						
Name: _____		Name: _____						
Street or P.O. Box: _____		Street or P.O. Box: _____						
Town/City: _____		Town/City: _____						
State: _____ Zip Code: _____		State: _____ Zip Code: _____						
Telephone: _____		Telephone: _____						
E-mail: _____		E-mail: _____ If you have previously held a service position and _____ your information has changed since then, check here						

Submit completed form to Area 20 Registrar: [registrar@aa-nia.org](mailto:registrar@aa-nia.org)  
 NIA, Ltd. Attn: Registrar, P.O. Box 1511, Palatine, IL 60078

Submit copy of completed form to your District Secretary